

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/	/					51		
2	/	/					52		
3	2						53		
4	2						54		
5	2						55		
6	2						56		
7	2						57		
8	2						58		
9	2						59		
10	2						60		
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13	2						63		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99-		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		